

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Illinois

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

DEC 13 2017  
JEFFREY P. ALLSTEADT, CLERK  
INTAKE 1

Check if this is an amended filing

Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**About Debtor 1:**

First name

R

Middle name

Wiltz

Last name

Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

First name

Middle name

Last name

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

xxx - xx - 8 2 5 1

OR

9 xx - xx - \_\_\_\_\_

xxx - xx - \_\_\_\_\_

OR

9 xx - xx - \_\_\_\_\_

Debtor 1 **Paul R Witz**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

**About Debtor 1:**

I have not used any business names or EINs.

Mone't Inc.

Business name

VDI DEVELOPEMENT INC

Business name

3 6 4 4 0 2 2 2 9

EIN

\_\_\_\_\_

EIN

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business names or EINs.

Business name

Business name

\_\_\_\_\_

\_\_\_\_\_

**5. Where you live**

365 Niagara Street

Number Street

Park Forest

City

IL

State

60466

ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor 1 **Paul R Witz**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No  
 Yes. District Northern District When 05/01/2017 Case number 17-13705  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Paul R Witz Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- No. Go to Part 4.  
 Yes. Name and location of business

Name of business, if any \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

- No  
 Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1

Tony R Wiltz

First Name

Middle Name

Last Name

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

**You must check one:**

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

**You must check one:**

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Paul R Witz**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**  
legal fees, judgements, medical bills,

**17. Are you filing under Chapter 7?**

- No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- No  
 Yes

**18. How many creditors do you estimate that you owe?**

- 1-49  
 50-99  
 100-199  
 200-999

- 1,000-5,000  
 5,001-10,000  
 10,001-25,000

- 25,001-50,000  
 50,001-100,000  
 More than 100,000

**19. How much do you estimate your assets to be worth?**

- \$0-\$50,000  
 \$50,001-\$100,000  
 \$100,001-\$500,000  
 \$500,001-\$1 million

- \$1,000,001-\$10 million  
 \$10,000,001-\$50 million  
 \$50,000,001-\$100 million  
 \$100,000,001-\$500 million

- \$500,000,001-\$1 billion  
 \$1,000,000,001-\$10 billion  
 \$10,000,000,001-\$50 billion  
 More than \$50 billion

**20. How much do you estimate your liabilities to be?**

- \$0-\$50,000  
 \$50,001-\$100,000  
 \$100,001-\$500,000  
 \$500,001-\$1 million

- \$1,000,001-\$10 million  
 \$10,000,001-\$50 million  
 \$50,000,001-\$100 million  
 \$100,000,001-\$500 million

- \$500,000,001-\$1 billion  
 \$1,000,000,001-\$10 billion  
 \$10,000,000,001-\$50 billion  
 More than \$50 billion

**Part 7: Sign Below**

**For you**

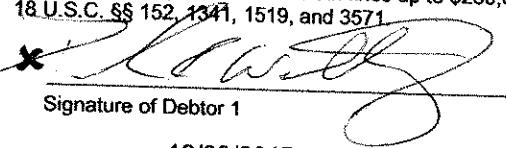
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
Signature of Debtor 1

Executed on 12/08/2017

MM / DD / YYYY

  
Signature of Debtor 2

Executed on

MM / DD / YYYY

Debtor 1 Paul R Witz

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X**

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name \_\_\_\_\_

Firm name \_\_\_\_\_

Number Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_ Email address \_\_\_\_\_

Bar number \_\_\_\_\_ State \_\_\_\_\_

Debtor 1 Paul R Witz

First Name Middle Name

Last Name

Case number (if known)

**For you if you are filing this bankruptcy without an attorney**

**If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- No  
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

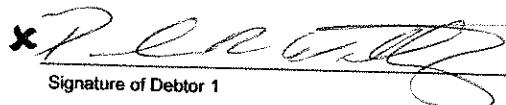
- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- No  
 Yes. Name of Person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.



Signature of Debtor 1

Date 12/11/2017  
MM / DD / YYYY

Contact phone 708-870-9589

Cell phone \_\_\_\_\_

Email address \_\_\_\_\_



Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

Contact phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____		
Case number (If known)		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

1. Schedule A/B: Property (Official Form 106A/B)  
1a. Copy line 55, Total real estate, from Schedule A/B.....
- 1b. Copy line 62, Total personal property, from Schedule A/B.....
- 1c. Copy line 63, Total of all property on Schedule A/B .....

Your assets  
Value of what you own

\$ 500. 00

\$ 4,500

\$ 4,500

#### Part 2: Summarize Your Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....  
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....

Your liabilities  
Amount you owe

\$ 2,494,072.03

\$ 4,910.18

+ \$ 9,654

Your total liabilities

\$ 2,508,638.18

#### Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)  
Copy your combined monthly income from line 12 of Schedule I.....
5. Schedule J: Your Expenses (Official Form 106J)  
Copy your monthly expenses from line 22c of Schedule J.....

\$ 927.00

\$ 750

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 927

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)

\$ 0

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 52,000

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0

9d. Student loans. (Copy line 6f.)

\$ 0

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+\$ 0

9g. Total. Add lines 9a through 9f.

\$ 52,000

Fill in this information to identify your case and this filing:

Debtor 1	Paul	R	Wiltz
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois			
Case number			

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.  
 Yes. Where is the property?

1.1.

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

If you own or have more than one, list here:

1.2.

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Debtor 1

Paul

First Name

Middle Name

Last Name

Document

Witz

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Case number (if known)

1.3.

Street address, if available, or other description

**What is the property? Check all that apply.**

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

City

State

ZIP Code

County

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. ....

\$ 0.00

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: DTS

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ 500.00

\$ 500.00

Model: Cadillac

Year: 2003

Approximate mileage: 159000

Other information:

TOTALLED

Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

Check if this is community property (see instructions)

Debtor 1

Paul R Document Page 13 of 80 Case number (if known) \_\_\_\_\_

3.3. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

--

**Who has an interest in the property? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

--

**Who has an interest in the property? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

4.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

--

**Who has an interest in the property? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

--

**Who has an interest in the property? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ..... →

\$ 500.00

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe..... Furniture, linens, kitchenware

\$ 2,000.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe..... Televisions, computers, cell phones

\$ 1,000.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

\$ \_\_\_\_\_

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

\$ \_\_\_\_\_

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

\$ \_\_\_\_\_

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe..... designer wear, everyday clothes,

\$ 1,500.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

\$ \_\_\_\_\_

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

\$ \_\_\_\_\_

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.

\$ \_\_\_\_\_

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 4,500.00

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**

**Do not deduct secured claims or exemptions.**

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes .....

Cash: ..... \$ ..... 0.00

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes .....

Institution name:

17.1. Checking account:	.....	\$ ..... 0.00
17.2. Checking account:	.....	\$ .....
17.3. Savings account:	.....	\$ .....
17.4. Savings account:	.....	\$ .....
17.5. Certificates of deposit:	.....	\$ .....
17.6. Other financial account:	.....	\$ .....
17.7. Other financial account:	.....	\$ .....
17.8. Other financial account:	.....	\$ .....
17.9. Other financial account:	.....	\$ ..... 0.00

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes .....

Institution or issuer name:

.....	\$ ..... 0.00
.....	\$ .....
.....	\$ ..... 0.00

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

0% %

0% %

0% %

\$ ..... 0.00

\$ .....

\$ ..... 0.00

Debtor 1

Paul

R

Document

Willz

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Case number (if known)

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

	\$ 0.00
	\$ _____
	\$ _____

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each

account separately. Type of account: Institution name:

401(k) or similar plan:	\$ 0.00
Pension plan:	\$ _____
IRA:	\$ _____
Retirement account:	\$ _____
Keogh:	\$ _____
Additional account:	\$ _____
Additional account:	\$ 0.00

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes .....

Institution name or individual:

Electric:	\$ 0.00
Gas:	\$ _____
Heating oil:	\$ _____
Security deposit on rental unit:	\$ _____
Prepaid rent:	\$ _____
Telephone:	\$ _____
Water:	\$ _____
Rented furniture:	\$ _____
Other:	\$ 0.00

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes .....

Issuer name and description:

	\$ 0.00
	\$ _____
	\$ 0.00

Debtor 1

Paul

R

Document

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Case number (if known)

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes .....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

	\$ 0.00
	\$ _____
	\$ _____

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...  

\$ 0.00

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...  

\$ 0.00

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...  

\$ 0.00

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....  

Federal:	\$ 0.00
State:	\$ 0.00
Local:	\$ 0.00

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information. ....  

Alimony:	\$ _____
Maintenance:	\$ _____
Support:	\$ _____
Divorce settlement:	\$ _____
Property settlement:	\$ _____

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information. ....  

\$ 0.00

Debtor 1

Paul

R

Document

Witz

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Case number (if known)

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.....

_____	\$ _____	0.00
-------	----------	------

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....

_____	\$ _____	0.00
-------	----------	------

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....

_____	\$ _____	0.00
-------	----------	------

**35. Any financial assets you did not already list** No Yes. Give specific information.....

_____	\$ _____	0.00
-------	----------	------

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here .....**

\$ _____	0.00
----------	------

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned** No Yes. Describe.....

_____	\$ _____	0.00
-------	----------	------

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe.....

_____	\$ _____	0.00
-------	----------	------

Debtor 1

Paul

First Name

R

Middle Name

WILZ

Last Name

Document

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Case number (if known)

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade** No Yes. Describe.....

	\$	0.00
--	----	------

**41. Inventory** No Yes. Describe.....

	\$	0.00
--	----	------

**42. Interests in partnerships or joint ventures** No Yes. Describe..... Name of entity:

% of ownership:

	%	\$	0.00
	%	\$	
	%	\$	

**43. Customer lists, mailing lists, or other compilations** No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$	0.00
--	----	------

**44. Any business-related property you did not already list** No Yes. Give specific information .....

	\$	0.00
	\$	
	\$	
	\$	
	\$	

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** →

	\$	0.00
--	----	------

**Part 6:**

**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

 No Yes .....

	\$	0.00
--	----	------

Debtor 1

Paul R Wiltz

Document Page 20 of 80

Case number (if known) \_\_\_\_\_

**48. Crops—either growing or harvested** No Yes. Give specific information. \_\_\_\_\_ \$ \_\_\_\_\_**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade** No Yes. \_\_\_\_\_ \$ \_\_\_\_\_**50. Farm and fishing supplies, chemicals, and feed** No Yes. \_\_\_\_\_ \$ \_\_\_\_\_**51. Any farm- and commercial fishing-related property you did not already list** No Yes. Give specific information. \_\_\_\_\_ \$ \_\_\_\_\_**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** → \$ 0.00**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information. \_\_\_\_\_ \$ \_\_\_\_\_\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_**54. Add the dollar value of all of your entries from Part 7. Write that number here** → \$ 0.00**Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2** → \$ 0.00**56. Part 2: Total vehicles, line 5** \$ 500.00**57. Part 3: Total personal and household items, line 15** \$ 4,500.00**58. Part 4: Total financial assets, line 36** \$ 0.00**59. Part 5: Total business-related property, line 45** \$ 0.00**60. Part 6: Total farm- and fishing-related property, line 52** \$ 0.00**61. Part 7: Total other property not listed, line 54** + \$ 0.00**62. Total personal property. Add lines 56 through 61.** \$ 4,500.00 Copy personal property total → + \$ 4,500.00**63. Total of all property on Schedule A/B. Add line 55 + line 62.** \$ 4,500.00

Fill in this information to identify your case:

Debtor 1 First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____		
Case number (If known) _____		

Check if this is an amended filing

Official Form 106C

## Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
---	---	-----------------------------------	------------------------------------

Copy the value from *Schedule A/B*. Check only one box for each exemption.

Brief description: Line from <i>Schedule A/B:</i> _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
Brief description: Line from <i>Schedule A/B:</i> _____	\$ 4500	<input type="checkbox"/> \$ 4500 <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
Brief description: Line from <i>Schedule A/B:</i> _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No  
 Yes

Patricia A. Willey Docum

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Fill in this information to identify your case:			
Debtor 1	First Name <b>Paul</b>	Middle Name <b>R</b>	Last Name <b>Wiltz</b>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

##### 2.1 Midwest Title Loans

Creditor's Name  
**678 W 14th Street**  
Number Street

Chicago Heights IL 60466  
City State ZIP Code

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Describe the property that secures the claim:

**Car Title Loan**

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
\$ 1,700.00	\$ 500.00	\$ 1,200.00

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number **0 0 9 0**

Describe the property that secures the claim: \$ 3,453.22 \$ 2,000.00 \$ 1,453.22

**2002 Cadillac Sedan (Repossessed)**

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred **10/01/2017**

Last 4 digits of account number **1 8 4 7**

Add the dollar value of your entries in Column A on this page. Write that number here: **2,844,072.63**

Debtor 1

Paul

First Name

Middle Name

R

Wiltz

Last Name

Case number (if known)

## Part 1:

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**2.3** James C. SmithCreditor's Name  
700 S Clinton

Number Street

Describe the property that secures the claim:

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.**Column B**  
**Value of collateral that supports this claim****Column C**  
**Unsecured portion if any**

\$ 5,626.00

\$ 5,626.00

\$ 5,626.00

Chicago IL 60607

City State ZIP Code

Judgement M1-2205-176987

As of the date you file, the claim is: Check all that apply.

- 
- Contingent
- 
- 
- Unliquidated
- 
- 
- Disputed

Nature of lien. Check all that apply.

- 
- An agreement you made (such as mortgage or secured car loan)
- 
- 
- Statutory lien (such as tax lien, mechanic's lien)
- 
- 
- Judgment lien from a lawsuit
- 
- 
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- 
- Debtor 1 only
- 
- 
- Debtor 2 only
- 
- 
- Debtor 1 and Debtor 2 only
- 
- 
- At least one of the debtors and another
- 
- 
- Check if this claim relates to a community debt

Date debt was incurred 11/02/2005

Last 4 digits of account number 6 9 8 7

Describe the property that secures the claim: \$ 3,616.68 \$ 3,616.68 \$ 3,616.68

Judgement M1-129671

As of the date you file, the claim is: Check all that apply.

- 
- Contingent
- 
- 
- Unliquidated
- 
- 
- Disputed

Nature of lien. Check all that apply.

- 
- An agreement you made (such as mortgage or secured car loan)
- 
- 
- Statutory lien (such as tax lien, mechanic's lien)
- 
- 
- Judgment lien from a lawsuit
- 
- 
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- 
- Debtor 1 only
- 
- 
- Debtor 2 only
- 
- 
- Debtor 1 and Debtor 2 only
- 
- 
- At least one of the debtors and another
- 
- 
- Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number 9 6 7 1

Describe the property that secures the claim: \$ 2,949.71 \$ 2,949.17 \$ 2,949.71

Judgement 2008 M1- 138451

As of the date you file, the claim is: Check all that apply.

- 
- Contingent
- 
- 
- Unliquidated
- 
- 
- Disputed

Nature of lien. Check all that apply.

- 
- An agreement you made (such as mortgage or secured car loan)
- 
- 
- Statutory lien (such as tax lien, mechanic's lien)
- 
- 
- Judgment lien from a lawsuit
- 
- 
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- 
- Debtor 1 only
- 
- 
- Debtor 2 only
- 
- 
- Debtor 1 and Debtor 2 only
- 
- 
- At least one of the debtors and another
- 
- 
- Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number 8 4 8 1

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 12,191.59

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \_\_\_\_\_

Debtor 1

Paul R Wiltz

First Name Middle Name Last Name

Case number (if known)

**Additional Page**

Part 1:  
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**2.6 Security Intervention Network**

Creditor's Name  
7355 S. South Shore Dr.

Number Street

Describe the property that secures the claim:

Judgement 2005-L-005072

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
\$ 36,458.00	\$ 36,458.00	\$ 36,458.00

Chicago IL 60649

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 11/02/2005

Last 4 digits of account number 6 9 8 7

**2.7 Martfield Seals**

Creditor's Name

Number Street

Describe the property that secures the claim: \$ 575,000.00

Judgement 2006-L-012323

Chicago IL

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number 9 6 7 1

**2.7 Michuda Construction Inc.**

Creditor's Name

18505 W Creek Ave. Suite 1A

Number Street

Describe the property that secures the claim: \$ 50,000.00

Judgement 2006CH-20449

Tinley Park IL 60477

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 661,456.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$ \_\_\_\_\_

Debtor 1  
Paul RWiltz  
Last Name

Case number (if known)

**Additional Page**

**Part 1:** After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**2.8 Edward J Sojka**

Creditor's Name

Describe the property that secures the claim:

\$ 875,000.00

\$ 875,000.00

**Column C**  
**Unsecured portion if any**

Judgement 2007-L-012

Melrose Park IL  
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- 
- Contingent
- 
- 
- Unliquidated
- 
- 
- Disputed

## Who owes the debt? Check one.

- 
- Debtor 1 only
- 
- 
- Debtor 2 only
- 
- 
- Debtor 1 and Debtor 2 only
- 
- 
- At least one of the debtors and another
- 
- 
- Check if this claim relates to a community debt

Date debt was incurred 08/28/2006

Nature of lien. Check all that apply.

- 
- An agreement you made (such as mortgage or secured car loan)
- 
- 
- Statutory lien (such as tax lien, mechanic's lien)
- 
- 
- Judgment lien from a lawsuit
- 
- 
- Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 2 2 4 8

Describe the property that secures the claim: \$ 575,000.00

Judgement 2006-CH-22499

As of the date you file, the claim is: Check all that apply.

- 
- Contingent
- 
- 
- Unliquidated
- 
- 
- Disputed

## Who owes the debt? Check one.

- 
- Debtor 1 only
- 
- 
- Debtor 2 only
- 
- 
- Debtor 1 and Debtor 2 only
- 
- 
- At least one of the debtors and another
- 
- 
- Check if this claim relates to a community debt

Date debt was incurred 10/20/2006

Nature of lien. Check all that apply.

- 
- An agreement you made (such as mortgage or secured car loan)
- 
- 
- Statutory lien (such as tax lien, mechanic's lien)
- 
- 
- Judgment lien from a lawsuit
- 
- 
- Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 2 4 9 9

Describe the property that secures the claim: \$ 50,000.00

Judgement 2006CH-22422

As of the date you file, the claim is: Check all that apply.

- 
- Contingent
- 
- 
- Unliquidated
- 
- 
- Disputed

## Who owes the debt? Check one.

- 
- Debtor 1 only
- 
- 
- Debtor 2 only
- 
- 
- Debtor 1 and Debtor 2 only
- 
- 
- At least one of the debtors and another
- 
- 
- Check if this claim relates to a community debt

Date debt was incurred 08/01/2006

Last 4 digits of account number 2 4 2 2

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 1,500,000.00

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here: \$

Debtor 1

Paul R Wiltz

First Name Middle Name Last Name

Case number (if known)

**Part 1:**

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.2 DEUTSHE NATIONAL BANK**

Creditor's Name

1761 East St. Andrew Place

Number Street

Describe the property that secures the claim:

**Column A**  
Amount of claim  
Do not deduct the value of collateral.

**Column B**  
Value of collateral that supports this claim

**Column C**  
Unsecured portion if any

\$ 100,000.00 \$ 100,000.00 \$

Santa Ana CA 92706

City

State

ZIP Code

Judgement 2007-CH-10090

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 08/28/2006

Last 4 digits of account number 2 2 4 8

**3.4 DEUTSCH,LEVY&ENGEL**

Creditor's Name

225 W Washington S. #1700

Number Street

Describe the property that secures the claim: \$ 20,658.00

\$ 20,658.00

Judgement 16-M1-110604

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 10/20/2006

Last 4 digits of account number 0 6 0 4

**3.4 MAYER BROWN LLP**

Creditor's Name

230 South LaSalle Street

Number Street

Describe the property that secures the claim: \$ 50,000.00

\$ 50,000.00

\$ 50,000.00

Contract

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 08/01/2006

Last 4 digits of account number 2 4 2 2

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 170,656.00

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here: \$

Debtor 1

Paul R Wiltz

First Name Middle Name Last Name

Case number (if known)

**Additional Page**

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
--	--	--

<b>3.2 DEUTSHE NATIONAL BANK</b>	Describe the property that secures the claim:	\$ 100,000.00	\$ 100,000.00	\$
Creditor's Name <b>1761 East St. Andrew Place</b>	Judgement 2007-CH-10090			
Number Street				
Santa Ana CA 92706	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
Date debt was incurred 08/28/2006	Last 4 digits of account number 2 2 4 8			
<b>3.4 DEUTSCH,LEVY&amp;ENGEL</b>	Describe the property that secures the claim:	\$ 20,658.00	\$	\$ 20,658.00
Creditor's Name <b>225 W Washington S. #1700</b>	Judgement 16-M1-110604			
Number Street				
Chicago IL 60606	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
<input checked="" type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
Date debt was incurred 10/20/2006	Last 4 digits of account number 0 6 0 4			
<b>3.4 MAYER BROWN LLP</b>	Describe the property that secures the claim:	\$ 50,000.00	\$	\$ 50,000.00 \$ 50,000.00
Creditor's Name <b>230 South LaSalle Street</b>	Contract			
Number Street				
Chicago IL 60604	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) _____			
Date debt was incurred 08/01/2006	Last 4 digits of account number 2 4 2 2			
Add the dollar value of your entries in Column A on this page. Write that number here: \$ 170,656.00				
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$				

Debtor 1

Paul R Wiltz

First Name Middle Name Last Name

Case number (if known)

**Additional Page**

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 River Set Apartments**

Creditor's Name

100 Riverset Lane

Number Street

Describe the property that secures the claim:

Judgement 1512646

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

**Column C**  
**Unsecured portion if any**

\$ 2,587.40 \$ 2,587.40 \$ 2,587.40

Memphis Tn 38103

City

State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 08/25/2010

Last 4 digits of account number 2 6 4 6

**3.6 Cook County Recorder Of Deeds**

Creditor's Name

118 N. Clark Room 230

Number Street

Describe the property that secures the claim: \$ 16,823.00 \$ 16,823.00 \$ 16,823.00

Judgement 1310641296

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 04/01/2013

Last 4 digits of account number 1 2 9 6

**3.6 Internal revenue service**

Creditor's Name

14479 John Humphery Dr.

Number Street

Describe the property that secures the claim: \$ 39,742.00 \$ \_\_\_\_\_

Federal Tax Lien 0917426139

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 06/01/2009

Last 4 digits of account number 8 2 5 1

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 170,656.00

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here: \$ \_\_\_\_\_

Debtor 1

Paul R Wiltz  
First Name Middle Name Last Name

Case number (if known)

**Part 1:**

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 Arelene-Bell Sparrow**

Creditor's Name  
22812 Western Blvd#1  
Number Street

Describe the property that secures the claim:

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

**Column C**  
**Unsecured portion if any**

\$ 142,500.00 \$ 142,500.00 \$

Judgement C12-02782-SI

Hayward CA 94541  
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 08/25/2010

Last 4 digits of account number 2 6 4 6

**3.6 Chicago Department of Finance**

Creditor's Name  
P.O. Box 88292  
Number Street

Describe the property that secures the claim: \$ 183.00 \$ 183.00 \$

Traffic Ticket 00065912905

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 04/01/2013

Last 4 digits of account number 2 9 0 5

**3.6 Chicago Department of Finance**

Creditor's Name  
P.O. Box 88292.  
Number Street

Describe the property that secures the claim: \$ 244.00 \$ 244.00 \$

Traffic Ticket 07006078468

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 06/01/2005

Last 4 digits of account number 8 4 6 8

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 142,927.00

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here: \$

Debtor 1 **Paul R Wiltz**  
 First Name Middle Name Last Name

Case number (if known)

**Additional Page**

Part 1:  
 After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 Douglas County**

Creditor's Name  
**401 South Center**  
 Number Street  
**P.O. Box 50**  
 City **Tuscola** State **IL** ZIP Code **61953**

Describe the property that secures the claim:

**Traffic Ticket 5513998**

**Column A**  
**Amount of claim**  
 Do not deduct the value of collateral

\$ **217.00**

**Column B**  
**Value of collateral that supports this claim**

\$ **217.00**

**Column C**  
**Unsecured portion if any**

\$ **217.00**

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred **10/15/2008**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number **3 9 9 8**

**3.6 ACE Cash Express Inc.**

Creditor's Name  
**1231 Greenway Drive**  
 Number Street  
**Suite 700**  
 City **Irving** State **TX** ZIP Code **75038**

Describe the property that secures the claim:

**Payday Loan**

\$ **499.97** \$ **499.97**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred **12/23/2011**

Last 4 digits of account number **7 1 5 5**

Describe the property that secures the claim:

\$ **971.85** \$ **971.85**

**Medical Bill**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred **03/17/2014**

Last 4 digits of account number **8 4 6 8**

Add the dollar value of your entries in Column A on this page. Write that number here: \$ **1,688.82**

If this is the last page of your form, add the dollar value totals from all pages.  
 Write that number here: \$ \_\_\_\_\_

Debtor 1

Paul R Wiltz

First Name Middle Name

Last Name

Case number (if known)

**Additional Page**

Part 1:  
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

3.5 Franciscan Alliance Physicians	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
Creditor's Name <b>P.O. Box 78976</b> Number Street	Medical Bill	\$ 381.00	\$ 381.00	\$

Detroit MI 48278  
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 03/04/2015

Last 4 digits of account number 4 6 5 7

**3.6 Franciscan Alliance**

Creditor's Name  
**P.O. Box 660383**  
Number Street

Indianapolis IN 46266  
City State ZIP Code

Describe the property that secures the claim: \$ 132.06 \$ 132.06 \$

Medical Bill

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 03/17/2014

Last 4 digits of account number 4 6 5 7

**3.6 Franciscan Alliance**

Creditor's Name  
**P.O. Box 660383**  
Number Street

Indianapolis IN 46266  
City State ZIP Code

Describe the property that secures the claim: \$ 323.39 \$ 323.39 \$

Medical Bill

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 03/18/2014

Last 4 digits of account number 4 6 5 7

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 836.42

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

Debtor 1 **Paul R Wiltz**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page**

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 Francisan St. James Health**

Creditor's Name

2434 Interstate Plaza Drive

Number Street

Suite 2

Hammond IN 46324

City

State

ZIP Code

Describe the property that secures the claim:

**Column A**  
**Amount of claim**  
 Do not deduct the value of collateral.

\$ 4,747.75

**Column B**  
**Value of collateral that supports this claim**

\$ 4,747.75

**Column C**  
**Unsecured portion if any**

Medical Bill

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 06/09/2014

Last 4 digits of account number 2 7 4 5

**3.6 Franciscan St. James Health**

Creditor's Name

2434 Interstate Plaza Drive

Number Street

Suite 2

Hammond IN 46324

City

State

ZIP Code

Describe the property that secures the claim:

\$ 6,282.61 \$ 6,282.61

Medical Bill

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 03/17/2014

Last 4 digits of account number 4 9 0 8

**3.6 Village of Matteson**

Creditor's Name

Office of the Traffic Compliance

Number Street

20500 S. Cicero

Matteson IL 60443

City

State

ZIP Code

Describe the property that secures the claim:

\$ 75.00 \$ 75.00

Traffic Ticket C061676

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 03/18/2014

Last 4 digits of account number 1 6 7 6

10/21

Debtor 1

Paul R Wiltz

First Name Middle Name Last Name

Case number (if known)

**Additional Page**

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 MAP Communications**

Creditor's Name

P.O. Box 88030

Number Street

Chicago IL 60680  
City State ZIP Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 06/09/2014

Describe the property that secures the claim:

Telephone Bill

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

\$ 353.90

**Column B**  
**Value of collateral that supports this claim**

\$ 353.90

**Column C**  
**Unsecured portion if any**

**3.6 Village of Park Forest**

Creditor's Name

350 Victory Drive

Number Street

Park Forest IL 60466  
City State ZIP Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 06/01/2016

Last 4 digits of account number 7 4 4 1

Describe the property that secures the claim:

Water Bill

\$ 922.00

\$ 922.00

\$

**3.6 Village of Park Forest**

Creditor's Name

350 Victory Drive

Number Street

Park Forest IL 60466  
City State ZIP Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 03/18/2014

Last 4 digits of account number 0 0 0 1

Describe the property that secures the claim:

Village Vehical Sticker Renewal (2)

\$ 250.00

\$ 250.00

\$

**As of the date you file, the claim is: Check all that apply.**

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

**Nature of lien. Check all that apply.**

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

**As of the date you file, the claim is: Check all that apply.**

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 7 7 5 7

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 1,172.35

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here: \$

Debtor 1 **Paul R Wiltz**  
 First Name Middle Name Last Name

Case number (# known) \_\_\_\_\_

**Part 1:**

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 Northern Leasing Systems Inc.**

Creditor's Name  
**525 Washington Blvd. 15th floor**  
 Number Street

Describe the property that secures the claim:

**Equipment Lease**

<b>Column A</b> <b>Amount of claim</b> Do not deduct the value of collateral.	<b>Column B</b> <b>Value of collateral</b> that supports this claim	<b>Column C</b> <b>Unsecured</b> portion if any
\$ 5,674.42	\$ 5,674.42	\$

**Jersey City NJ**  
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 06/09/2014

Last 4 digits of account number 7 4 4 1

**3.6 Mira Med Revenue Group, LLC** \$ 22.00 \$ 22.00 \$

Creditor's Name  
**991 Oak Creek Drive**  
 Number Street

Describe the property that secures the claim:

**Medical Bill**

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 03/21/2014

Last 4 digits of account number 0 9 7 1

**3.6 Nicor Gas** \$ 1,267.48 \$ 1,267.48 \$

Creditor's Name  
**P.O. Box 2020**  
 Number Street

Describe the property that secures the claim:

**Utility Bill**

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 03/18/2014

Last 4 digits of account number 0 4 0 9

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 6,963.90

If this is the last page of your form, add the dollar value totals from all pages.  
 Write that number here: \$

Debtor 1

Paul R Wiltz

First Name Middle Name Last Name

Case number (if known)

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 Oaklawn Radiology-St. James**

Creditor's Name

37241 Eagle Way

Number Street

City

IL State

60678 ZIP Code

Describe the property that secures the claim:

Medical Bills

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

\$ 315.00

**Column B**  
**Value of collateral that supports this claim**

\$ 315.00

**Column C**  
**Unsecured portion if any**

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 06/09/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 2 3 1 0

Describe the property that secures the claim:

\$ 1,062.93 \$ 1,062.93 \$

Utility Bill

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 03/21/2014

Last 4 digits of account number 0 9 7 1

**3.6 Pulmonary and Sleep Associates**

Creditor's Name

P.O. Box 688

Number Street

Describe the property that secures the claim:

\$ 350.00 \$ 350.00 \$

Medical Bill

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 03/18/2014

Last 4 digits of account number 0 4 0 9

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 1,727.93

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here: \$

Debtor 1

Paul R Wiltz

First Name Middle Name Last Name

Case number (if known)

**Additional Page**

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 Portfolio Recovery Associates LL**

Creditor's Name

120 Corporate Boulevard

Number Street

Describe the property that secures the claim:

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

**Column C**  
**Unsecured portion if any**

\$ 9,359.05 \$ 9,359.05 \$

Auto Loan

Norfolk VA 23502

City

State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 06/09/2014

Last 4 digits of account number 1 3 0 2

**3.6 Potifolio Recovery Associates LL**

Creditor's Name

120 Corporate Blvd.

Number Street

Describe the property that secures the claim: \$ 548.56 \$ 548.56 \$

Utility Bill

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 03/01/2011

Last 4 digits of account number 0 7 8 1

**3.6 Simple Laboratories**

Creditor's Name

5960 N. Milwaukee Avenue

Number Street

Describe the property that secures the claim: \$ 72.53 \$ 72.53 \$

Medical Bill

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 03/18/2014

Last 4 digits of account number 0 4 0 9

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 9,980.14

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here: \$

Debtor 1 Paul R Wiltz  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page**

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 Simple Laboortories**

Creditor's Name  
**5060 N. Milwaukee Avenue**  
Number Street

Describe the property that secures the claim:

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
\$ 94.65	\$ 94.65	\$

**Medical Bills**

City **Chicago** State **IL** ZIP Code **60646**

As of the date you file, the claim is: Check all that apply.

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred **07/14/2015**

Last 4 digits of account number **3 3 1 2**

**3.6 South Suburban Cardiology Ass**

Creditor's Name  
**3800 W. 203rd Street**  
Number Street

Describe the property that secures the claim:

\$ **55.00** \$ **55.00** \$

**Medical Bill**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred **03/01/2011**

Last 4 digits of account number **3 8 3 1**

**3.6 South Suburban Cardiology Ass**

Creditor's Name  
**3800 W. 203rd Street**  
Number Street

Describe the property that secures the claim:

\$ **72.53** \$ **72.53** \$

**Medical Bill**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred **07/31/2014**

Last 4 digits of account number **3 8 3 1**

Add the dollar value of your entries in Column A on this page. Write that number here: **\$ 222.18**

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here: **\$**

Debtor 1 Paul R Wiltz  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 Speciality Physicians of Illinois**

Creditor's Name

**38132 Eagle Way**

Number Street

City **Chicago**

IL **60678**

State ZIP Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred **03/18/2014**

Describe the property that secures the claim:

**Column A**  
**Amount of claim**  
 Do not deduct the value of collateral.

\$ **743.17**

**Column B**  
**Value of collateral that supports this claim**

\$ **743.17**

**Column C**  
**Unsecured portion if any**

**Medical Bills**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number **4 0 9 7**

**3.6 Speciality Physicians of Illinois**

Creditor's Name

**38132 Eagle Way**

Number Street

City **Chicago**

IL **60678**

State ZIP Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred **06/10/2014**

Describe the property that secures the claim:

\$ **615.35**

\$ **615.35**

**Medical Bill**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number **4 0 9 7**

**3.6 Speciality Physicians of Illinois**

Creditor's Name

**38132 Eagle Way**

Number Street

Suite 201

Chicago IL 60678

City State ZIP Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred **03/18/2014**

Describe the property that secures the claim:

\$ **765.20**

\$ **765.20**

**Medical Bill**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number **4 0 9 7**

Add the dollar value of your entries in Column A on this page. Write that number here: \$ **2,123.72**

If this is the last page of your form, add the dollar value totals from all pages.  
 Write that number here: \$ \_\_\_\_\_

Debtor 1

Paul

R

Wiltz

First Name

Middle Name

Last Name

Case number (if known)

**Part 1:**

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 SunTrust Bank NA**

Creditor's Name

VARVW-6290

Number Street

1001 Semmes Avenue

Richmond

VA 43224

City

State ZIP Code

Describe the property that secures the claim:

**Column A**  
Amount of claim  
Do not deduct the  
value of collateral.

**Column B**  
Value of collateral  
that supports this  
claim

**Column C**  
Unsecured  
portion  
if any

\$ 435.20 \$ 435.20 \$

Checking Account

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 04/01/2012

Last 4 digits of account number 9 6 3 0

**3.6 SunTrust Bank NA**

Creditor's Name

VARVW-6290

Number Street

1001 Semmes Avenue

Richmond

VA 43224

City

State ZIP Code

Describe the property that secures the claim:

\$ 858.76 \$ 858.76 \$

Checking Account

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 06/10/2014

Last 4 digits of account number 9 1 3 4

**3.6 Radiology Imaging Consultants S**

Creditor's Name

Number Street

75 Remittance Dr. Dept. 1324

Chicago

IL 60675

City

State ZIP Code

Describe the property that secures the claim:

\$ 3,205.00 \$ 3,205.00 \$

Medical Bill

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt \_\_\_\_\_

Date debt was incurred 02/26/2016

Last 4 digits of account number 9 8 2 7

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 4,499.96

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here: \$

Debtor 1

Paul R Wiltz

First Name Middle Name Last Name

Case number (if known)

Part 1:

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 Schwartz & Stafford, PA**

Creditor's Name  
8625 Crown Crescent Court

Number Street

Suite 110

Charlotte NC 28227

City State ZIP Code

Describe the property that secures the claim:

Telephone Bill

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

\$ 919.36

**Column B**  
**Value of collateral that supports this claim**

\$ 919.36

**Column C**  
**Unsecured portion if any**

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 04/01/2012

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 4 5 4 1

**3.6 Simple Labortories**

Creditor's Name  
5960 N Milwaukee Ave.

Number Street

Chicago IL 60646

City State ZIP Code

Describe the property that secures the claim:

\$ 72.53

\$ 72.53

Medical Bill

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 01/18/2016

Last 4 digits of account number 3 3 1 2

**3.6 South Suburban Neurology**

Creditor's Name

Number Street

P.O. Box 848

Aurora IL 60507

City State ZIP Code

Describe the property that secures the claim:

\$ 350.00

\$ 350.00

Medical Bill

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 02/26/2016

Last 4 digits of account number 9 8 2 7

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 1,341.89

If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$

Debtor 1 **Paul R Wiltz**

Case number (if known) \_\_\_\_\_

**Additional Page**

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 South Suburban Neurology**

Creditor's Name

P.O. Box 848

Number Street

Describe the property that secures the claim:

\$ 995.00

\$ 995.00

\$

**Column A**  
Amount of claim  
Do not deduct the  
value of collateral.  
**Column B**  
Value of collateral  
that supports this  
claim  
**Column C**  
Unsecured  
portion  
if any

Medical Bill

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 04/01/2009

Last 4 digits of account number 4 5 4 1

**3.6 TCF National Bank**

Creditor's Name

800 Burr Ridge Parkway.

Number Street

Describe the property that secures the claim:

\$ 1,238.00 \$ 1,238.00

Checking Account

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 02/15/2014

Last 4 digits of account number 6 3 6 5

**3.6 TCF National Bank**

Creditor's Name

Number Street

800 Burr Ridge Parkway

Burr Ridge IL 60527

City State ZIP Code

Describe the property that secures the claim:

\$ 1,819.42 \$ 1,819.42

Checking Account

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 06/01/2013

Last 4 digits of account number 4 6 8 9

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 4,052.42

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here: \$

Debtor 1 **Paul R Wiltz**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 Dr. Mulamalla & Dr. Reddy**

Creditor's Name

3800 203rd Street

Number Street

Suite 209

Olympia Fields

IL 60461

City

State

ZIP Code

Describe the property that secures the claim:

\$ 30.00

\$ 30.00

Column A  
Amount of claim  
Do not deduct the  
value of collateral.  
Column B  
Value of collateral  
that supports this  
claim  
Column C  
Unsecured  
portion  
If any

Medical Bill

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 03/18/2014

Last 4 digits of account number A 0 2 3

Describe the property that secures the claim:

\$ 120.00 \$ 120.00

Medical Bill

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

**3.6 Optimus H&P Specialists LTD**

Creditor's Name

900 Jorie Blvd.

Number Street

Suite 186

Oak Brook

IL 60466

City

State ZIP Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 06/09/2014

Last 4 digits of account number 3 4 3 3

Describe the property that secures the claim:

\$ 350.00 \$ 350.00

Checking Account

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

**3.6 South Suburban Nerology**

Creditor's Name

P.O. Box 848

Number Street

Aurora

IL 60507

City

State ZIP Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 09/18/2014

Last 4 digits of account number 9 0 4 0

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 500.00

If this is the last page of your form, add the dollar value totals from all pages.  
 Write that number here: \$

Debtor 1 Paul R Wiltz  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page**

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**3.5 Nelmet/US Dept. of Education**

Creditor's Name

P.O. Box 87130

Number Street

Lincoln

NE 68501

City

State

ZIP Code

Describe the property that secures the claim:

Student Loans

**Column A**  
**Amount of claim**  
 Do not deduct the value of collateral.

\$ 2,637.00

**Column B**  
**Value of collateral that supports this claim**

\$ 30.00

**Column C**  
**Unsecured portion if any**

\$ \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 02/20/198C

Last 4 digits of account number 2 7 0 3

**3.6 Helmet/US Dept. of Education**

Creditor's Name

P.O. Box 87130

Number Street

Lincoln

NE 68501

City

State

ZIP Code

Describe the property that secures the claim:

\$ 2,406.00 \$ 2,406.00

Student Loans

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 01/02/1981

Last 4 digits of account number 2 7 0 3

**3.6 Aarons Furniture Rental**

Creditor's Name

Number Street

City

State

ZIP Code

Furniture Rental

Describe the property that secures the claim: \$ 400.00 \$ 400.00

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 5,443

If this is the last page of your form, add the dollar value totals from all pages.  
 Write that number here: \$ \_\_\_\_\_

Debtor 1 **Paul R Wiltz**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name _____ <b>Messer &amp; Stilp</b> Number Street <b>166 W. Washington</b> City _____ State _____ ZIP Code _____  <input type="checkbox"/>	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number <b>6 9 8 7</b>
<input type="checkbox"/>	Name _____ <b>Edelstein &amp; Edelstein</b> Number Street <b>38925 W. Montrose Avenue</b> City _____ State _____ ZIP Code _____  <input type="checkbox"/>	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number <b>9 6 7 1</b>
<input type="checkbox"/>	Name _____ <b>Wexler &amp; Wexler</b> Number Street <b>500 W. Madison</b> City _____ State _____ ZIP Code _____  <input type="checkbox"/>	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number <b>8 4 8 1</b>
<input type="checkbox"/>	Name _____ <b>Arthur S. Gomberg</b> Number Street <b>138 N. LaSalle Street</b> Suite 1508 City _____ State _____ ZIP Code _____  <input type="checkbox"/>	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number <b>1 4 9 5</b>
<input type="checkbox"/>	Name _____ <b>Daniel H. Brown</b> Number Street <b>Suite 703</b> City _____ State _____ ZIP Code _____  <input type="checkbox"/>	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number <b>8 6 5 0</b>
<input type="checkbox"/>	Name _____ <b>Riordan Dashiele &amp; Donnelly</b> Number Street <b>180 N. Dearborn</b> Suite 400 City _____ State _____ ZIP Code _____  <input type="checkbox"/>	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number <b>0 4 4 9</b>

Debtor 1 Paul R Wiltz  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name \_\_\_\_\_

Micheal A. Maciejewski

Number Street

970 Oak Lawn Avenue - Suite 204

Elmhurst IL 60126

City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number 2 2 4 8

Daniel C. Meenan Jr.

Name \_\_\_\_\_

55 W. Washington

Number Street

Suite 1102

Chicago IL 60604

City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number 2 4 9 9

Daniel C. Meenan Jr.

Name \_\_\_\_\_

55 W. Washington

Number Street

Suite 1102

Chicago IL 60604

City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number 2 4 2 2

Ernest J. Codilis Jr.

Name \_\_\_\_\_

15 W. 030 N. Frontage Road

Number Street

Burr Ridge IL 60602

City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number 0 0 9 0

Law Office of Ira N. Helfgot

Name \_\_\_\_\_

140 South Dearborn Street

Number Street

Suite 1510

Chicago IL 60603

City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number 0 6 0 4

Michael Schaller

Name \_\_\_\_\_

71 Wacker Drive

Number Street

Chicago IL 60606

City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number 2 8 4 6

Debtor 1 Paul R Wiltz  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name \_\_\_\_\_

A & O Recoveries

Number Street \_\_\_\_\_

P.O. Box 30898

Portland OR 97294  
City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number 2 9 0 5

A & O Recoveries

Name \_\_\_\_\_

P.O. Box 30898

Number Street \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number 8 4 6 8

Credit Collection Partners

Name \_\_\_\_\_

905 W. Spresser Street

Number Street \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number 3 9 9 8

Taylorville IL 62568  
City State ZIP Code

Name \_\_\_\_\_

Number Street \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City State ZIP Code

Name \_\_\_\_\_

Number Street \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City State ZIP Code

Name \_\_\_\_\_

Number Street \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Debtor 1 **Paul R Wiltz**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

**Name**  
**Escallate LLC**  
**Number Street**  
**5200 Stoneham Road - Suite 200**  
**North Canton OH 44720**  
**City State ZIP Code**

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number **9 7 4 9**

**Harris & Harris LTD**  
**Name**  
**111 West Jackson Blvd. - Suite 400**  
**Number Street**

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number **8 5 4 2**

**Chicago IL 60604**  
**City State ZIP Code**

**Harris & Harris LTD**  
**Name**  
**111 West Jackson Blvd. - Suite 400**  
**Number Street**

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number **4 9 0 8**

**Chicago IL 60604**  
**City State ZIP Code**

**Municipal Collection Services Inc.**  
**Name**  
**P.O. Box 327**  
**Number Street**

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number **1 6 7 6**

**Palos Heights IL 60463**  
**City State ZIP Code**

**TRS Recovery Services Inc.**  
**Name**  
**5251 Westheimer**  
**Number Street**

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number **6 3 6 5**

**Houston TX 77056**  
**City State ZIP Code**

**Name**  
**Number Street**

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**City State ZIP Code**

Debtor 1 Paul R Wiltz

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Millennium Credit Consultants  
Name \_\_\_\_\_  
P.O. Box 18160  
Number Street \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number 4 9 9 0

West St. Paul MN 55118  
City State ZIP Code  
Name \_\_\_\_\_  
Number Street \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City State ZIP Code  
Name \_\_\_\_\_  
Number Street \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City State ZIP Code  
Name \_\_\_\_\_  
Number Street \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City State ZIP Code  
Name \_\_\_\_\_  
Number Street \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City State ZIP Code  
Name \_\_\_\_\_  
Number Street \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **Paul R Wiltz**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/> <b>Name</b> <b>CCI</b> <b>Number Street</b> <b>501 Greene Street - 3rd Floor - Suite 302</b> <b>Augusta GA 30901</b> <b>City State ZIP Code</b>	<b>On which line in Part 1 did you enter the creditor? _____</b> <b>Last 4 digits of account number 1 2 4 3</b>
<input type="checkbox"/> <b>CMRE Financial Services Inc.</b> <b>Name</b> <b>3075 E. Imperial Hwy - Suite 200</b> <b>Number Street</b>	<b>On which line in Part 1 did you enter the creditor? _____</b> <b>Last 4 digits of account number 4 4 6 6</b>
<b>Brea CA 92821</b> <b>City State ZIP Code</b>	
<input type="checkbox"/> <b>Comcast</b> <b>Name</b> <b>1255 W. North Avenue</b> <b>Number Street</b>	<b>On which line in Part 1 did you enter the creditor? _____</b> <b>Last 4 digits of account number 2 7 2 5</b>
<b>Chicago IL 60622</b> <b>City State ZIP Code</b>	
<input type="checkbox"/> <b>Commonwealth Edison</b> <b>Name</b> <b>P.O. Box 6111</b> <b>Number Street</b>	<b>On which line in Part 1 did you enter the creditor? _____</b> <b>Last 4 digits of account number 1 0 1 2</b>
<b>Carol Stream IL 60197</b> <b>City State ZIP Code</b>	
<input type="checkbox"/> <b>Consultants in Pathology S.C. PCCL</b> <b>Name</b> <b>8085 Rivers Avenue - Suite 100</b> <b>Number Street</b>	<b>On which line in Part 1 did you enter the creditor? _____</b> <b>Last 4 digits of account number 5 1 1 3</b>
<b>N Charleston SC 29408</b> <b>City State ZIP Code</b>	
<input type="checkbox"/> <b>Consultants in Pathology</b> <b>Name</b> <b>8085 Rivers Avenue - Suite 100</b> <b>Number Street</b>	<b>On which line in Part 1 did you enter the creditor? _____</b> <b>Last 4 digits of account number 7 1 1 3</b>
<b>N Charleston SC 29406</b> <b>City State ZIP Code</b>	

Fill in this information to identify your case:

Debtor 1	Paul	R	Wiltz
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District of _____		
Case number (If known)	_____		

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

#### Comprehensive Pathology

Priority Creditor's Name  
26570 Network Place  
Number Street

Total claim	Priority amount	Nonpriority amount
6 0 2 3	\$ 50.40	\$ _____

Last 4 digits of account number 6 0 2 3 When was the debt incurred? 02/09/2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify Medical

2.2

#### Consultants in Pathology S.C. PCCL

Priority Creditor's Name  
8085 Rivers Avenue - Suite 100  
Number Street

Last 4 digits of account number 1 1 1 3	\$ 133.21	\$ _____
---	-----------	----------

When was the debt incurred? 06/10/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify Medical Bill

Is the claim subject to offset?

No  
 Yes

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

Credit Protection Association LP

Priority Creditor's Name  
 13355 Noel Road  
 Number Street  
 Suite 2100

Dallas TX 75240  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 1 0 1 2

\$ 813.48 \$ \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? 01/12/2012

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify Medical Bill

Consolidated Recovery Systems

Priority Creditor's Name  
 2650 Thousand Oaks Blvd.  
 Number Street  
 Suite 4220

Memphis TN 38118  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 1 6 0 1

\$ 3,356.00 \$ \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? 12/04/2009

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify Medical Bill

Consolidated Recovery Systems

Priority Creditor's Name  
 2650 Thousand Oaks Blvd.  
 Number Street  
 Suite 4220

Memphis TN 38118  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 6 5 1 5

\$ 956.00 \$ \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? 02/12/2009

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify Medical Bill

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

	Total claim	Priority amount	Nonpriority amount
<input type="checkbox"/> Consultants in Pathology S.C. PCCL Priority Creditor's Name 8085 Rivers Avenue - Suite 100 Number Street	Last 4 digits of account number 2 1 1 3	\$ 7.44	\$
	When was the debt incurred? 04/21/2015		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> CMC Credit Management Company Priority Creditor's Name 2121 Nobleston Road Number Street P.O. Box 16346 Pittsburgh PA 15242 City State ZIP Code	Last 4 digits of account number 9 0 1 2	\$ 72.53	\$
	When was the debt incurred? 01/18/2016		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Convergent Outsourcing Inc. Priority Creditor's Name 800 SW 39th Street Number Street P.O. Box 9004 Renton WA 98057 City State ZIP Code	Last 4 digits of account number 9 6 3 0	\$ 435.20	\$
	When was the debt incurred? 04/01/2013		
	As of the date you file, the claim is: Check all that apply.		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 1B Your PRIORITY Unsecured Claims – Continuation Page**

			Total claim	Priority amount	Nonpriority amount
<input type="checkbox"/>	Credit Protection Association LP	Last 4 digits of account number	1 0 1 2	\$ 813.48	\$ _____
Priority Creditor's Name 13355 Noel Road Number Street Suite 2100					
Dallas TX 75240 City State ZIP Code					
<b>Who incurred the debt? Check one.</b>					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>					
<b>Is the claim subject to offset?</b>					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<input type="checkbox"/>	Consolidated Recovery Systems	Last 4 digits of account number	1 6 0 1	\$ 3,356.00	\$ _____
Priority Creditor's Name 2650 Thousand Oaks Blvd. Number Street Suite 4220					
Memphis TN 38118 City State ZIP Code					
<b>Who incurred the debt? Check one.</b>					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>					
<b>Is the claim subject to offset?</b>					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<input type="checkbox"/>	Consolidated Recovery Systems	Last 4 digits of account number	6 5 1 5	\$ 956.00	\$ _____
Priority Creditor's Name 2650 Thousand Oaks Blvd. Number Street Suite 4220					
Memphis TN 38118 City State ZIP Code					
<b>Who incurred the debt? Check one.</b>					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>					
<b>Is the claim subject to offset?</b>					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply.					
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>					

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

	Total claim	Priority amount	Nonpriority amount
<input type="checkbox"/> Creditors Collection Service Inc.	7 8 5 2	\$ 437.00	\$
Priority Creditor's Name 3294 Pacific Place SW	Last 4 digits of account number		
Number Street	When was the debt incurred?	05/23/2012	
Albany OR 97321	As of the date you file, the claim is: Check all that apply.		
City State ZIP Code	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<input type="checkbox"/> Consolidated Recovery Systems			
Priority Creditor's Name 2650 Thousand Oaks Blvd.	Last 4 digits of account number	1 0 8 7	\$ 3,319.00
Number Street	When was the debt incurred?	05/23/2012	
Suite 4220	As of the date you file, the claim is: Check all that apply.		
Memphis TN 38118	<input type="checkbox"/> Contingent		
City State ZIP Code	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<input type="checkbox"/> Credit Collection Services			
Priority Creditor's Name Two Wells Avenue	Last 4 digits of account number	4 6 7 8	\$ 329.29
Number Street	When was the debt incurred?	12/04/2009	
Newton MA 02459	As of the date you file, the claim is: Check all that apply.		
City State ZIP Code	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

	Total claim	Priority amount	Nonpriority amount
<input type="checkbox"/> Credit Management	3 9 4 4	\$ 506.00	\$
Priority Creditor's Name 105 Wheeler Avenue			
Number Street			
Grand Island NE 68801	Last 4 digits of account number	7 8 5 2	\$ 451.00
City State ZIP Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<input type="checkbox"/> Creditors Collection Service Inc.	Last 4 digits of account number	7 8 5 2	\$ 451.00
Priority Creditor's Name 3294 Pacific Place SW			
Number Street			
Albany OR 97321	Last 4 digits of account number	1 6 0 1	\$ 3,356.00
City State ZIP Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<input type="checkbox"/> Consolidated Recovery systems	Last 4 digits of account number	1 6 0 1	\$ 3,356.00
Priority Creditor's Name 2650 Thousand Oaks Blvd.			
Number Street			
Suite 4220	When was the debt incurred?	12/04/2009	
Mwmphis TN 38118	As of the date you file, the claim is: Check all that apply.		
City State ZIP Code	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Domestic support obligations		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Taxes and certain other debts you owe the government		
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

<input type="checkbox"/> Creditors Collection Services	Priority Creditor's Name	Last 4 digits of account number	7 8 5 2	\$ 384.00	\$
	3294 Pacific Place SW	When was the debt incurred?	10/23/2008		
	Number Street				

Albany OR 97321  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify Medical Bills

<input type="checkbox"/> Consultants in Pathology S.C. PCCL	Priority Creditor's Name	Last 4 digits of account number	1 1 1 3	\$ 133.21	\$
	8085 Rivers Avenue	When was the debt incurred?	06/10/2014		
	Number Street				

Suite 100  
 N Charleston SC 29406  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify Medical Bills

<input type="checkbox"/> Consultants in Pathology S.C. PCCL	Priority Creditor's Name	Last 4 digits of account number	2 1 1 3	\$ 7.44	\$
	8085 River Avenue	When was the debt incurred?	04/21/2015		
	Number Street				

Suite 100  
 N Charleston SC 29406  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify Medical Bills

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

<input type="checkbox"/>	CMC Credit Management Company	Last 4 digits of account number	9 0 1 2	\$ 72.53	\$ _____
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Priority Creditor's Name  
 2121 Nobleston Road  
 Number Street  
 P.O. Box 16346

Pittsburgh PA 15242  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 9 0 1 2

When was the debt incurred? 01/18/2016

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify Medical Bills

<input type="checkbox"/>	Priority Creditor's Name	Last 4 digits of account number	\$ _____	\$ _____	\$ _____
--------------------------	--------------------------	---------------------------------	----------	----------	----------

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify \_\_\_\_\_

<input type="checkbox"/>	Priority Creditor's Name	Last 4 digits of account number	\$ _____	\$ _____	\$ _____
--------------------------	--------------------------	---------------------------------	----------	----------	----------

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify \_\_\_\_\_

Debtor 1 Paul R. Wiltz  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page if You Have More Contracts or Leases**

**Person or company with whom you have the contract or lease**

**What the contract or lease is for**

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Fill in this information to identify your case:		
Debtor	Paul	R.
	First Name	Middle Name
Debtor 2 (Spouse if filing)		Wiltz
	Last Name	
United States Bankruptcy Court for the:	District of _____	
Case number (if known)	_____	

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for unexpired leases).

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.2

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.3

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.4

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

2.5

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	First Name Paul	Middle Name R.	Last Name Wiltz
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of: _____			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

3.1

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

3.2

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

3.3

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Debtor 1 Paul R. Wiltz

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors****Column 1: Your codebtor**

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:			
Debtor 1	First Name Paul	Middle Name R.	Last Name Wiltz
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		District of _____	
Case number (If known) _____			

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

#### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Employed  
 Not employed

Debtor 2 or non-filing spouse

Employed  
 Not employed

Occupation

Retired/Disabled

Employer's name

\_\_\_\_\_

\_\_\_\_\_

Employer's address

Number Street

Number Street

\_\_\_\_\_

\_\_\_\_\_

City State ZIP Code

City State ZIP Code

How long employed there?

\_\_\_\_\_

\_\_\_\_\_

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

\_\_\_\_\_

2. \$ 735

\$ \_\_\_\_\_

3. + \$ \_\_\_\_\_

+ \$ \_\_\_\_\_

4. \$ 735

\$ \_\_\_\_\_

For Debtor 2 or non-filing spouse

\_\_\_\_\_

\$ \_\_\_\_\_

+

\$ \_\_\_\_\_

+

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Debtor 1	Paul	R.	Wiltz	Case number (if known)
	First Name	Middle Name	Last Name	

Copy line 4 here.....	→ 4. \$ _____	For Debtor 1 \$ _____	For Debtor 2 or non-filing spouse \$ _____
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a. \$ _____	\$ _____	
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____	
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____	
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____	
5e. Insurance	5e. \$ _____	\$ _____	
5f. Domestic support obligations	5f. \$ _____	\$ _____	
5g. Union dues	5g. \$ _____	\$ _____	
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____	
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ _____	\$ _____	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ _____	\$ _____	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ _____	\$ _____	
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.			
8b. Interest and dividends	8b. \$ _____	\$ _____	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$ _____	\$ _____	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			
8d. Unemployment compensation	8d. \$ _____	\$ _____	
8e. Social Security	8e. \$ 735.00	\$ _____	
8f. Other government assistance that you regularly receive	8f. \$ 192.00	\$ _____	
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			
Specify: _____			
8g. Pension or retirement income	8g. \$ _____	\$ _____	
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____	
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 927.00	\$ _____	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 927.00 + \$ _____ = \$ _____	\$ _____	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>			
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.			
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.			
Specify: _____			
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	11. + \$ _____	\$ 927.00	
		Combined monthly income	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: _____			

Fill in this information to identify your case:

Debtor 1	<u>Paul</u>	<u>A</u>	<u>Weller</u>
First Name	Middle Name	Last Name	
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District of _____		
Case number (If known)	_____		

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents?

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Son

Dependent's age

7

- No  
 Yes

Son

4

- No  
 Yes

\_\_\_\_\_

\_\_\_\_\_

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues

4. \$ 0

4a. \$ 0

4b. \$ 75

4c. \$ 50

4d. \$ 0

**Your expenses**

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0

## 6. Utilities:

6a. Electricity, heat, natural gas

6a. \$ 50

6b. Water, sewer, garbage collection

6b. \$ 100

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 50

6d. Other. Specify: \_\_\_\_\_

6d. \$ \_\_\_\_\_

## 7. Food and housekeeping supplies

7. \$ 50

## 8. Childcare and children's education costs

8. \$ 50

## 9. Clothing, laundry, and dry cleaning

9. \$ 50

## 10. Personal care products and services

10. \$ 50

## 11. Medical and dental expenses

11. \$ 0

## 12. Transportation. Include gas, maintenance, bus or train fare.

12. \$ \_\_\_\_\_

Do not include car payments.

## 13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 0

## 14. Charitable contributions and religious donations

14. \$ 50

## 15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ 0

15b. Health insurance

15b. \$ 0

15c. Vehicle insurance

15c. \$ \_\_\_\_\_

15d. Other insurance. Specify: \_\_\_\_\_

15d. \$ 0

## 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

16. \$ 0

Specify: \_\_\_\_\_

## 17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$ 0

17b. Car payments for Vehicle 2

17b. \$ 8

17c. Other. Specify: \_\_\_\_\_

17c. \$ \_\_\_\_\_

17d. Other. Specify: \_\_\_\_\_

17d. \$ 0

## 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ 0

## 19. Other payments you make to support others who do not live with you.

Specify: \_\_\_\_\_

19. \$ 0

## 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20a. \$ 0

20b. Real estate taxes

20b. \$ 0

20c. Property, homeowner's, or renter's insurance

20c. \$ 0

20d. Maintenance, repair, and upkeep expenses

20d. \$ 0

20e. Homeowner's association or condominium dues

20e. \$ 0

Debtor 1

First Name

Middle Name

Last Name

21. Other. Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

## 22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a.

\$ 525.00
0
\$ 525.00

22b.

22c.

## 23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a.

\$ 927
--------

23b. Copy your monthly expenses from line 22c above.

23b.

-\$ 525
---------

23c. Subtract your monthly expenses from your monthly income.

23c.

\$ 402
--------

The result is your *monthly net income*.

## 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. \_\_\_\_\_ Yes. \_\_\_\_\_

Explain here:

.....
-------

Fill in this information to identify your case:

Debtor 1	Paul	R	Wiltz
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.



Signature of Debtor 1

x

Signature of Debtor 2

Date 12/11/2017  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	First Name Paul	Middle Name R.	Last Name Wiltz
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____			
Case number (If known) _____			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

- Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:  
lived there

Dates Debtor 2  
lived there

365 Niagara Street

Number Street

From 02/20/2002

To \_\_\_\_\_

Same as Debtor 1

From \_\_\_\_\_

To \_\_\_\_\_

Park Forest IL 60466

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

Number Street

From \_\_\_\_\_

To \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

Debtor 1 Paul R. Wiltz

Case number (if known) \_\_\_\_\_

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

From January 1 of current year until  
the date you filed for bankruptcy:

Debtor 1	Debtor 2
Sources of income Check all that apply.	Sources of income Check all that apply.
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____
<input type="checkbox"/> Operating a business	
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____
<input type="checkbox"/> Operating a business	
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____
<input type="checkbox"/> Operating a business	

For last calendar year:

(January 1 to December 31, \_\_\_\_\_  
YYYY)

For the calendar year before that:

(January 1 to December 31, \_\_\_\_\_  
YYYY)

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

From January 1 of current year until  
the date you filed for bankruptcy:

Debtor 1	Debtor 2		
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____
For last calendar year:			
(January 1 to December 31, _____ YYYY)	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____
For the calendar year before that:			
(January 1 to December 31, _____ YYYY)	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____

Debtor 1 **Paul R. Wiltz**

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Number Street		\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
City State ZIP Code				
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				

Debtor 1 **Paul R. Wiltz**

Case number (if known) \_\_\_\_\_

- 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
 Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Number Street		\$	\$	
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

- 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Number Street		\$	\$	
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

**Debtor 1** Paul R. Wiltz  
First Name Middle Name Last Name

**Case number (if known)** \_\_\_\_\_

#### **Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications and contract disputes.

No

Yes. Fill in the details.

<p><b>Nature of the case</b></p> <p>Case title _____ _____ _____</p> <p>Case number _____ _____ _____</p> <p>Case title _____ _____ _____</p> <p>Case number _____ _____ _____</p>	<p><b>Court or agency</b></p> <p>Court Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Court Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p><b>Status of the case</b></p> <p><input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded</p> <p><input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded</p>
--	---	--

- 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

No. Go to line 11

Yes. Fill in the information that

<b>Describe the property</b>	<b>Date</b>	<b>Value of the property</b>
Creditor's Name	\$ _____	
Number Street	Explain what happened	
City _____ State _____ ZIP Code _____	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or taken.	

<b>Creditor's Name</b>	<b>Describe the property</b>	<b>Date</b>	<b>Value of the property</b>
Number Street	Explain what happened		
City	State	ZIP Code	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.

Debtor 1 **Paul R. Wiltz** Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Creditor's Name \_\_\_\_\_

Describe the action the creditor took

Date action was taken      Amount

Number Street \_\_\_\_\_

\$ \_\_\_\_\_

City \_\_\_\_\_

State ZIP Code \_\_\_\_\_

Last 4 digits of account number: XXXX- \_\_\_\_\_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts      Value

Person to Whom You Gave the Gift \_\_\_\_\_

\$ \_\_\_\_\_

Number Street \_\_\_\_\_

\$ \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Person's relationship to you \_\_\_\_\_

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts      Value

Person to Whom You Gave the Gift \_\_\_\_\_

\$ \_\_\_\_\_

Number Street \_\_\_\_\_

\$ \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Person's relationship to you \_\_\_\_\_

Debtor 1 **Paul R. Wiltz**

Case number (if known) \_\_\_\_\_

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____		_____	\$ _____
Number Street _____		_____	\$ _____
City State ZIP Code _____			

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
_____	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	_____	\$ _____

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.**

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment made
Number Street _____	_____	_____	\$ _____
City State ZIP Code _____	_____	_____	\$ _____
Email or website address _____	_____	_____	\$ _____
Person Who Made the Payment, if Not You _____	_____	_____	\$ _____

Debtor 1 **Paul R. Wiltz**

Case number (if known) \_\_\_\_\_

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid			_____	\$ _____
Number	Street	_____	_____	\$ _____
City	State	ZIP Code	_____	\$ _____
Email or website address			_____	_____
Person Who Made the Payment, if Not You			_____	_____

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**  
Do not include any payment or transfer that you listed on line 16.

- No  
 Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid			_____	\$ _____
Number	Street	_____	_____	\$ _____
City	State	ZIP Code	_____	\$ _____

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
Do not include gifts and transfers that you have already listed on this statement.

- No  
 Yes. Fill in the details.

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer		_____	_____
Number	Street	_____	_____
City	State	ZIP Code	_____
Person's relationship to you		_____	_____
Person Who Received Transfer		_____	_____
Number	Street	_____	_____
City	State	ZIP Code	_____
Person's relationship to you		_____	_____

Debtor 1 **Paul R. Wiltz**

Case number (if known) \_\_\_\_\_

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

- No  
 Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust \_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No  
 Yes. Fill in the details.

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

Name of Financial Institution

XXXX- \_\_\_\_\_

Checking

\$ \_\_\_\_\_

Savings

Number Street

Money market

City State ZIP Code

Brokerage

Other \_\_\_\_\_

Name of Financial Institution

XXXX- \_\_\_\_\_

Checking

\$ \_\_\_\_\_

Savings

Number Street

Money market

City State ZIP Code

Brokerage

Other \_\_\_\_\_

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

- No  
 Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

- No  
 Yes

Name of Financial Institution

Name \_\_\_\_\_

Number Street

Number Street \_\_\_\_\_

City State ZIP Code

City State ZIP Code \_\_\_\_\_

Debtor 1 **Paul R. Wiltz**  
 First Name Middle Name Last Name  
 Case number (if known) \_\_\_\_\_

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No  
 Yes. Fill in the details.

<b>Name of Storage Facility</b> <hr/> <b>Number Street</b> <hr/> <b>City State ZIP Code</b> City _____ State _____ ZIP Code _____	<b>Who else has or had access to it?</b> <hr/> <b>Name</b> <hr/> <b>Number Street</b> <hr/> <b>City State ZIP Code</b> City _____ State _____ ZIP Code _____	<b>Describe the contents</b> <hr/> <b>Do you still have it?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
--	--	--

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- No  
 Yes. Fill in the details.

<b>Where is the property?</b>	<b>Describe the property</b>	<b>Value</b>
<b>Owner's Name</b> <hr/> <b>Number Street</b> <hr/> <b>City State ZIP Code</b> City _____ State _____ ZIP Code _____	<hr/> <hr/>	<hr/> <hr/>

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- No  
 Yes. Fill in the details.

<b>Governmental unit</b> <hr/> <b>Number Street</b> <hr/> <b>City State ZIP Code</b> City _____ State _____ ZIP Code _____	<b>Environmental law, if you know it</b> <hr/> <b>Date of notice</b> <hr/>
---	--

Debtor 1 Paul R. Wiltz

Case number (if known) \_\_\_\_\_

25. Have you notified any governmental unit of any release of hazardous material?

- No  
 Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	_____		
Number Street	_____		
City	State	ZIP Code	_____
City	State	ZIP Code	_____

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No  
 Yes. Fill in the details.

Case title	Court or agency	Nature of the case	Status of the case
Case number	Court Name	_____	<input type="checkbox"/> Pending
City	Number Street	_____	<input type="checkbox"/> On appeal
State	ZIP Code	_____	<input type="checkbox"/> Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	Name of accountant or bookkeeper	EIN: _____
City	State ZIP Code	Dates business existed
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	Name of accountant or bookkeeper	EIN: _____
City	State ZIP Code	Dates business existed

Debtor 1 **Paul R. Wiltz**

Case number (if known) \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Describe the nature of the business**

**Employer Identification number**

**Do not include Social Security number or ITIN.**

**Number Street** \_\_\_\_\_

**Name of accountant or bookkeeper**

**EIN:** \_\_\_\_\_

**City State ZIP Code** \_\_\_\_\_

**Dates business existed**

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

No

Yes. Fill in the details below.

**Date issued**

**Name** \_\_\_\_\_

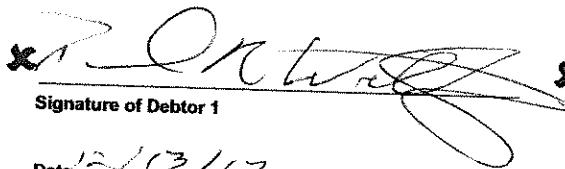
**MM / DD / YYYY** \_\_\_\_\_

**Number Street** \_\_\_\_\_

**City State ZIP Code** \_\_\_\_\_

#### Part 12: Sign Below

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.



**Signature of Debtor 2** \_\_\_\_\_

Date 12/13/17

Date \_\_\_\_\_

**Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?**

- No  
 Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

No

Yes. Name of person \_\_\_\_\_

Attach the **Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119).